US Army MEDDAC-Japan BG Crawford F. Sams US Army Health Clinic

PERIODIC HEALTH ASSESSMENT - Questionnaire -					
1. Name:	SSN:		For Provider only		
Date of Birth:	Age:	Gender: Male / Female	=		
Work phone:	Home phon	ne:			
e-mail address:		Today's date:			
a. Do you currently need or ta over the counter medicines		mins, birth control pills, food supplements, herbs or			
□ Yes	□ No				
b. If yes, list all medications y	ou are taking. (Please bring all	l medications to your PHA appointment.)			
3. List any ongoing medical prob	lems.				
<u>.</u>					
4. List all surgeries and overnigh	t hospital stays.				
W					

5.	Are you currently in good health?		For Provider	
	□ Yes □ N	lo	only	
6.		t you have any of the following conditions? Please check a box on each		
	line.			
	High blood pressure	Lower back pain		
	□ Yes □ No	□ Yes □ No		
	High cholesterol	<u>Depression</u>		
	□ Yes □ No	□ Yes □ No		
	Heart disease or angina	Anxiety		
	□ Yes □ No	□ Yes □ No		
	<u>Asthma</u>	Cancer		
	□ Yes □ No	□ Yes □ No		
	<u>Diabetes</u>	Thyroid		
	□ Yes □ No	□ Yes □ No		
7.		doing things most people can do <u>(for example</u> : work, go to school,		
	do housework, socialize, cook, do paperwor	k)?		
	□ Yes □ No			
8.	5-5-4	profile? If yes, bring a copy of your profile to your PHA appointment.		
	□ Yes □ No	□ N/A		
9.	a. Have you ever been deployed?			
	□ Yes □ N	Ю		
	b. If yes, when and where?			
	Date:	Place:		
		a contract of the contract of		
10				
10	. a. Do you use tobacco products?			
		No		
	b. If yes, please answer the following.			
	Cigarettes			
	How many:	How long:		
	Cigar			
	How many:	How long:		
	Pipe tobacco			
	How many:	How long:		
	Smokeless tobacco (chew, snuff)			
	How many:	How long:		

11. a. Do you drink alcohol (including liquor, wine, beer and wine coolers)?			
☐ Yes If yes, how many drinks per day?:			
□ No			
b. Have you ever felt you should cut down your drinking?			
□ Yes □ No	_		
c. Have people annoyed you by criticizing your drinking?			
□ Yes □ No			
d. Have you ever felt bad or guilty about your drinking?			
□ Yes □ No			
e. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?			
□ Yes □ No			
f. How often do you have 6 or more drinks on one occasion?			
□ Never □ Monthly □ Weekly □ Daily			
12. On how many of the past 7 days did you exercise or participate in physical activity for at least 30 minutes that made			
you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or			
similar aerobic activities?			
□ 0 days □ 1-2 days □ 3-4 days □ 5-6 days □ Every day			
13. On an average day, how many servings of fruits or vegetables do you eat?			
□ None □ 1-2 servings □ 3-4 servings □ 5- or more servings			
14. How many people did you have sex with during the past 12 months?			
□ 5 or more □ 2-4 □ 1 □ No sex in the past 12 months			
15. How often do you use seat belts?			
□ Always □ Sometimes □ Never	9		
16. To the best of your knowledge, were any of your blood relatives (including living and deceased grandparents,			
parents, brothers, sisters) ever told by a health care provider that they have the following medical problem?			
Heart attack before age 50			
□ Yes □ No □ Don't know			
<u>Diabetes</u>			
□ Yes □ No □ Don't know			
Cancer			
□ Yes □ No □ Don't know			
17. Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?			
a. Little interest or pleasure in doing things			
☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day			
b. Feeling down, depressed, or hopeless			
☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day			
18. Do you have any mental health or emotional problems for which you needtreatment or counseling?			
If yes, please explain.			
□ Yes explain:			
□ No			

19.	For males: Do you perform se	lf-testicular exams month	nly?	For Provid	
	□ Yes	□ No		only	
	For females: Do you perform self-breast exams monthly?				
	□ Yes	□ No			
20. A Pap smear is a test for females only. How long has it been since you had your last Pap Smear?					
	□ Less than 1 year ago□ 3 or more years ago	☐ 1 year ago ☐ Never	2 years agoDon't know		
21.	In the past year, have you been forced you to have an unwant		otherwise physically hurt by someone, or has anyone		
	□ Yes	□ No			
22. How long has it been since you last visited a dentist or other dental health professional for a routine checkup or cleaning?					
☐ Within the past 12 months ☐ More than 1 year ago					
		2	19		
Patient's Signature: Date:					
Prov	ider's Signature:		Date:		